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**DECLARATION
AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR ☒ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number **ORT-1448**

First Named Inventor **QIN, Ning**

COMPLETE IF KNOWN

Application Number **09/875,456**

Filing Date **June 6, 2001**

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THE HUMAN VOLTAGE GATED SODIUM CHANNEL β 1A SUBUNIT AND METHODS OF USE
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **06/06/2001** as United States Application Number or PCT International Application Number **09/875,456** and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/294,405 60/236,664	June 7, 2000 September 29, 2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →Place Customer
Number Bar Code
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AND

☐ Practitioner(s) named below:
NameRegistration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Myra H. McCormack at telephone number (732) 524-6932.

Direct all correspondence to:			Customer Number		
			<input checked="" type="checkbox"/> or Bar Code Label	000027777	OR <input type="checkbox"/> Correspondence address below
Name:					
Address:					
Address:					
City:		State:		ZIP	
Country		Telephone:		Fax:	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Ning

Family Name

or Surname QIN

Inventor's
Signature

Date

8/7/01

Residence: City Blue Bell

State PA

Country USA

Citizenship China

Mailing Address 201 Kimberton Drive

City

Blue Bell

State PA

ZIP 19422

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Ellen

Family Name

or Surname CODD

Inventor's
Signature

Date

Aug. 7, 2001

Residence: City Blue Bell

State PA

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Mailing Address 736 Cathcard Road

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Blue Bell

State PA

ZIP 19422

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Michael

Family Name

or Surname D'ANDREA

Inventor's
Signature

Date

8/20/01

Residence: City Cherry Hill

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Citizenship USA

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State NJ

ZIP 08043

Country USA



DOCKET NO. ORT-1448

THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: QIN et al.

Serial No.: 09/875,456

Art Unit: 1653

Filed: June 6, 2001

Examiner: Not Yet Assigned

For: THE HUMAN VOLTAGE GATED SODIUM CHANNEL B1A SUBUNIT AND METHODS OF USE

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Missing Parts, Commissioner for Patents, Washington, DC 20231 on

9/5/01

(Date of Deposit)

Myra H. McCormack

(Name of applicant, assignee, or Registered Representative)

Myra McCormack

(Signature)

9/5/01

(Date of Signature)

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Commissioner for Patents
Washington, D.C. 20231

SUBMISSION OF COMBINED DECLARATION AND POWER OF ATTORNEY

Dear Sir:

Pursuant to Rule 53(f) and Rule 54, please find enclosed a Combined Declaration and Power of Attorney for the application of QIN et al. entitled THE HUMAN VOLTAGE GATED SODIUM CHANNEL B1A SUBUNIT AND METHODS OF USE attorney Docket No. ORT-1448, to complete, pursuant to Rule 51, this application filed on June 6, 2001 by Express Mail pursuant to Rule 10. As required, a copy of the Notice to File Missing Parts of Application is also attached.

Please charge Johnson & Johnson Deposit Account No. 10-0750/ORT-1448/MHM in the amounts of \$130.00 for submission of the Declaration pursuant to Section 1.16(e). The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 10-0750/ORT-1448/MHM. This sheet is submitted in triplicate.

Respectfully submitted,

Myra McCormack

Myra H. McCormack

Reg. No. 36,602

Attorney for Applicant(s)

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